

10/5523012

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1	50			
3						
4						
5						
6						
7						
8						
9						
10						
11						
12			40			
13						
14						
15						
16						
17						
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22			30			
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29						
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31						
32			20			
33						
34						
35						
36						
37						
38						
39						
40		2				
41		2				
42		2				
43		2				
44		2				
45		2				
46						
47						
48						
49						
50						
TOTAL IND.	1	↓	↓	↓	↓	↓
TOTAL DEP.	50	←	←	←	←	←
TOTAL CLAIMS	52					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	↓	↓	↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						

BEST AVAILABLE COPY